



CITY OF SAINT PAUL EMPLOYMENT APPLICATION

We welcome your application for employment. Read the job announcement for the position for which you are applying and provide complete information about yourself so that we may give your application full consideration. You may attach additional information to this application.

The City of Saint Paul is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all. The City of Saint Paul does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, and marital status, status with regard to public assistance, or membership or activity in a local commission.

YOUR RIGHTS AS A SUBJECT OF DATA

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying; to distinguish you from other applicants; to identify you in our employment files; and to contact you for employment interviews.

The following information on this application will be considered private data pursuant to the Minnesota Government Data Practices Act: your name, home/work/email address, home phone number, Social Security Number, gender, racial/ethnic group and disability status. If you are certified as eligible for an employment vacancy, your name, education, training, and previous work experience will become public data.

Private data is available only to you and to other persons in the City who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data not designated in this notice as private.

Furnishing information regarding your Social Security Number, gender, racial/ethnic and disability data is voluntary, but refusal to supply other requested information will mean your application for employment may not be considered. Race and gender information are used in summary form to monitor protected class employment. Race and gender data may also be used if the job classification for which you applied is under-represented (under-employed) in terms of gender or persons of color. If you do provide the data and you are subsequently hired, the data you have given us will become part of your employee record.

Enter the Exam Number found in the Job Announcement to the right of the Title.

Title of position applying for

Last Name

Suffix (Jr, Sr) First Name

Middle Initial

Social Security Number

E-Mail Address

Address:

Street House Number

Street Name or P.O. Box Number

Street Type
(St, Rd, Ave, etc)

Street Direction
(S, W, E, SE, etc)

Apt. #

City

State

Zip Code

Home Phone

Other Phone

FOR OFFICE USE ONLY

Condition Codes:

--	--	--	--

--	--	--	--

--	--	--	--

Approved:

--	--	--	--

Rejection Codes:

--	--	--	--

Performance Appraisal:

☐ S

☐ U

Date: _____

Prom Rights:

☐ Yes

☐ No

Vets Pref:

☐ (V) 5 pts

☐ (D) 10 pts

Status

Occasionally, temporary work may be available. Are you interested?

☐ Yes ☐ No

Do you have a valid driver's license?

☐ Yes ☐ No

Class: _____ State: _____

Education

Did you graduate from High School or receive a GED?

☐ Yes ☐ No

Post High School Name and Location (college, technical, and vocational)	No. Credits Earned		Major/Minor	Certificate or Degree Earned
	Quarter	Semester		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Experience

You may attach a resume or additional experience sheets as needed.

Current or most recent employer:

May we contact this employer for reference?

☐ Yes ☐ No

Name of Organization: _____

Phone No: _____

Name of Dept/Div: _____

Date Hired: _____

Date Left: _____

(Month) (Year)

(Month) (Year)

Address: _____

Street Address, City, State, Zip Code (Please abbreviate to fit space)

Rate of Pay: _____ ☐ hr ☐ bi/wkly ☐ yr

Hours per Week: _____

Reason for Leaving _____

Supervisor: _____

Your Job Title: _____

Major duties or responsibilities:

Next most recent employer:

May we contact this employer for reference?

☐ Yes ☐ No

Name of Organization: _____

Phone No: _____

Name of Dept/Div: _____

Date Hired: _____

Date Left: _____

(Month) (Year)

(Month) (Year)

Address: _____

Street Address, City, State, Zip Code (Please abbreviate to fit space)

Rate of Pay: _____ ☐ hr ☐ bi/wkly ☐ yr

Hours per Week: _____

Reason for Leaving _____

Supervisor: _____ Your Job Title: _____

Major duties or responsibilities:

Next most recent employer:

May we contact this employer for reference?

O Yes O No

Name of Organization: _____ Phone No: _____

Name of Dept/Div: _____ Date Hired: _____ Date Left: _____
(Month) (Year) (Month) (Year)

Address: _____
Street Address, City, State, Zip Code (Please abbreviate to fit space)

Rate of Pay: _____ O hr O bi/wkly O yr Hours per Week: _____ Reason for Leaving _____

Supervisor: _____ Your Job Title: _____

Major duties or responsibilities:

Certificate of Applicant:

☐ I certify that I am who I have represented myself to be in the application. I understand that giving false information, including voluntary information, or omitting required information could result in rejection of my application or dismissal if I am hired. I authorize the City of Saint Paul to verify all the information provided herein. If hired, the City of Saint Paul requires at the time of employment verification of identity and employment eligibility.

I also authorize the employers provided to release any and all information concerning my current and previous employment and any pertinent information. Additionally, I release all parties from any liability for any damages that may result from furnishing such information. In submitting this application, I further understand that all application materials provided become property of the City and will not be returned.

(Month) (Day) (Year)

DATE

EQUAL EMPLOYMENT OPPORTUNITY FORM

Last Name

Suffix (Jr, Sr) First Name

Middle
Initial

Social Security Number

Enter the Exam Number found in the Job
Announcement to the right of the Title.

Title of position applying for

Please darken the appropriate circle:

SECTION 1: Completion of this information is voluntary.

Gender: ☐ Male ☐ Female

Race/Ethnicity (Select all that apply)

- ☐ American Indian or Alaska Native: A person having origins in any original peoples of North, Central, and South America and who maintains tribal affiliation or community attachment.
- ☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black, African or African American: A person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability/Disabled, defined as:

- (1) Has physical, sensory, or mental condition which significantly limits one or more life activities; or
(2) Has a record of such a condition; or (3) Is regarded as having such a condition.

Do you claim Disability status? ☐ Yes ☐ No

Applicants who need an accommodation in the application or testing process should call (651)266-6500.

SECTION 2: Completion of questions #1 – 4 are REQUIRED.

1. Have you ever been employed by the City of Saint Paul? ☐ Yes, current employee ☐ Yes, former employee ☐ No
2. Are you eligible to work in the United States? ☐ Yes ☐ No
3. Are you a veteran? ☐ Yes ☐ No
4. Do you wish to claim veteran's preference? ☐ Yes ☐ No (If yes, you must provide a copy of your military form DD214).

Certificate of Applicant:

- ☐ I affirm and attest that all information I provided on the Equal Opportunity form is true and completed to the best of my knowledge. I understand that giving false information, including voluntary information, or omitting required information could disqualify me from employment or cause my subsequent dismissal. I authorize the City of Saint Paul to verify the information I provided on the Equal Opportunity form.

(Month) (Day) (Year)

DATE